

STATE OF WASHINGTON
EMPLOYMENT SECURITY DEPARTMENT
Olympia Washington

CLAIM FOR REFUND

As Provided in RCW 50.24.150 of the Washington Employment Security Act

Complete Items 1 through 11 — See instructions on back of the form.

CAUTION —Be sure to glve exact name, address and E.S. Reference Number as used on contribution report under which claim is made.
Mail to the Washington State Employment Security Department, UI Tax Administration, P.O. Box 9046, Olympia, WA 98507-9046.

EMPLOYER'S NAME AND ADDRESS:	1.	DATE	2.
		ES REFERENCE NUMBER (ACCT. NO.)	3.
		(U)NIFIED (B)USINESS (I)DENTIFIER NO.	4.
		INACTIVE DATE	5.

6. REFUND CLAIMED FOR THE FOLLOWING REASON: (STATE IN DETAIL)	7. QUARTER(S)	8. REQUESTED AMOUNT
		9. TOTAL AMOUNT REQUESTED

10. EMPLOYER'S SIGNATURE	11. TITLE
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FOR USE OF WASHINGTON EMPLOYMENT SECURITY DEPARTMENT OFFICE ONLY	
DTO Administrator or UI Tax Specialist _____	District Tax office _____

GENERAL INFORMATION

An employer may file a written petition for refund on contributions, interest or penalties within three years after the date on which contributions, interest or penalties have been paid. (RCW 50.24.150)

INSTRUCTIONS

Items 1 through 9 and 11 are to be typed or printed legibly with ball point pen by the employer as follows:

- ITEM 1:** Employer's Name and Address—Enter correct business name and mailing address.
- ITEM 2:** Date—Enter date the form is completed.
- ITEM 3:** ES Reference Number—Enter number assigned to the business by the Employment Security Department.
- ITEM 4:** Unified Business Identifier (UBI) No.—Enter number assigned to the business by the State of Washington.
- ITEM 5:** Inactive Date—Enter date employment ceased, if applicable.
- ITEM 6:** Refund Claimed for the Following Reason—Explain in detail the reason that you should receive a refund, e.g., taxes paid on excess wages, exempt corporate officers reported, miscalculation of taxes due, etc.
- ITEM 7:** Quarter(s)—Enter quarters of time period involved in refund.
- ITEM 8:** Requested Amount—Enter amount of refund requested for the quarter, including interest and penalties.
- ITEM 9:** Total Amount Requested — Enter total amount of refund requested, including interest and penalties.
- ITEM 10:** Employer's Signature — Signature of employer or his/her authorized representative.
- ITEM 11:** Title — Enter employer's title.

CONTACT YOUR NEAREST EMPLOYMENT SECURITY DEPARTMENT DISTRICT TAX OFFICE FOR INFORMATION.

Bellevue (425) 649-4388 FAX (425) 649-4470	Seattle North (206) 706-3801 FAX (206) 706-3803	Tri-Cities (509) 734-5880 FAX (509) 734-7008
Bellingham (360) 676-2070 FAX (360) 738-6180	Seattle South (206) 766-6300 FAX (206) 766-6320	Vancouver (360) 735-5050 FAX (360) 735-5049
Lynnwood (425) 774-2380 FAX (425) 774-2391	Spokane (509) 532-3090 FAX (509) 532-3086	Wenatchee (509) 662-0448 FAX (509) 665-3749
Olympia (360) 407-5145 FAX (360) 407-5139	Tacoma (253) 593-7380 FAX (253) 593-7399	Yakima (509) 574-0137 FAX (509) 574-0113

Out-of-State Employers
Contact UI Tax Administration
Special Audit Unit ... (360) 902-9596
FAX (360) 902-9660